

National Park Service
Cape Lookout National Seashore
131 Charles Street
Harker's Island, North Carolina 28531
(252) 728-2250



**Application for Special Use Permit
Vehicle/Watercraft Use**

Type of Permit:

☐ Vehicle Parking ☐ Off-Road Vehicle ☐ Watercraft ☐ Commercial Vehicle Access

Complete the following:

Applicant's Name _____
last first m.i. suffix

Driver's License number _____ State _____ Expiration date _____

Applicant/Company Address: _____
street/P.O. box/city/zip code

Telephone: (____) _____ Cell: (____) _____

Additional Drivers (limit of 3, attach an additional sheet if needed):

Name: _____ Driver's License No./State _____ exp. date: _____

Name: _____ Driver's License No./State _____ exp. date: _____

Name: _____ Driver's License No./State _____ exp. date: _____

Emergency Contact _____ Relationship _____ Phone _____

Vehicle Information:

Type of Vehicle:

☐ Car ☐ Van/lit. truck ☐ Utility/Cargo Truck ☐ Bus ☐ RV/Camper/Trailer ☐ ATV/UTV ☐ Boat

VIN: _____

License Plate/Reg. Number _____ State _____ Expiration Date _____

Year: _____ Make: _____ Model: _____ Color: _____

Weight _____ Length _____ Height _____ Number of Axles _____

Maximum Number of Passengers: _____ 4-wheel drive vehicle ☐ Yes ☐ No

Watercraft motor(s) ☐ inboard ☐ out-board Number of motors _____ Horsepower (each) _____

Parking permit application must be accompanied by vehicle registration before decal is issued. Decals will not be issued past the registration expiration date. Updated registration must be provided for renewal in mid-season if it has expired.

Vehicle Inspection Information:

Is your vehicle required to undergo State inspections? ☐ Yes ☐ No Exp. date: _____

Insurance Information: Complete the following and attach copy of valid insurance card.

Company _____ Policy number _____

Requested start date of permit: _____ Requested use area or route: ☐ GI ☐ LP ☐ Cape

If applicable, select your business, and provide the following information:

☐ Contractor ☐ Sanitation/Refuse ☐ Plumbing/Heating ☐ Electrical ☐ Public Utility
☐ Municipal ☐ Delivery ☐ Transportation (bus, taxi, etc.) ☐ Other (specify)

Business Name: _____

The applicant, by his or her signature, certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Print Name _____ Date: _____

Signature: _____

* * * * *

Note: This is an application only, and does not serve as permission to conduct special activity in the park. The information provided will be used to determine whether a permit will be issued. Send the completed application along with the application fee in the form of a cashier's check or money order made payable to **National Park Service** to Cape Lookout National Seashore at the Park address found on the first page of this application, visit Cape Lookout National Seashore to pay by cash, or call to make payment with credit card.

NOTICES

Privacy Act Statement: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service (31 U.S.C. 7701). Information from the application may be transferred to appropriate Federal, State, local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Paperwork Reduction Act Statement: We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to provide the park managers the information needed to decide whether or not to allow the requested use. All applicable parts of the form must be completed in order for your request to be considered. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 15 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the Information Collection Clearance Officer, National Park Service, 1849 C Street, NW (1237), Washington, D.C. 20240.

Title 18 U.S.C. Section 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

